

County: Pratt Fraction: NE, NE NW, NW Sec. 8 T. 28 S R. 14 W

**CORRECTION(S) to WATER WELL COMPLETION RECORD Form WWC-5 (to rectify lacking or incorrect information)**

Owner: Carol Witt Household well

If location corrected, was listed as:

Location changed to:

Section-Township-Range: \_\_\_\_\_

\_\_\_\_\_

Fraction (1/4 calls): NE, NW, NW

NE, NE, NW, NW

Other changes: Initial statements: Carroll Witt. Lat/Long coordinates not provided.

Changed to: Carol Witt. Lat. 37.62984 deg N, Long. -98.882523 deg W

Comments: Coordinates from Google Earth (WGS84)

Verification method: WW Contractor provided lat/long coordinates and corrected owner name & QFs.

Initials: PKC Date: 2/4/2022

Submitted by:  Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724

Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Pratt</u>	<u>NE 1/4 NW 1/4 NW 1/4</u>	<u>8</u>	<u>28</u>	<u>14</u> E/W

Distance and direction from nearest town or city street address of well if located within city?  
Go East out of Cullison on SW 10th St for 1/4 miles. South into

2	WATER WELL OWNER: <u>Carrol Witt</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>70389 SW 10th St</u>	Application Number:
	City, State, ZIP Code : <u>Cullison, KS 67124</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... <u>133</u> ..... ft.
			WELL'S STATIC WATER LEVEL ..... <u>116</u> ..... ft.
			WELL WAS USED AS:
			<input checked="" type="checkbox"/> 1 Domestic                      5 Public Water Supply                      9 Dewatering <input type="checkbox"/> 2 Irrigation                      6 Oil Field Water Supply                      10 Monitoring Well <input type="checkbox"/> 3 Feedlot                      7 Domestic (Lawn & Garden)                      11 Injection Well <input type="checkbox"/> 4 Industrial                      8 Air Conditioning                      12 Other .....
			Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> ..... If yes, mo/day/yr sample was submitted .....
			Water Well Disinfected: Yes <input checked="" type="checkbox"/> ..... No .....

5	TYPE OF BLANK CASING USED:
	<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 9 Other (Specify below) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile
	Blank casing diameter ..... <u>5</u> ..... in.      Was casing pulled?      Yes .....      No .....      If yes, how much .....
	Casing height above or below land surface ..... in.

6	GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite      4 Other .....
	Grout Plug Intervals:      From ..... ft.      to ..... ft.,      From ..... ft.      to ..... ft.,      From .....      to ..... ft.
	What is the nearest source of possible contamination:
	<input checked="" type="checkbox"/> 1 Septic tank                      6 Seepage pit                      11 Fuel storage                      16 Other (specify below) <input type="checkbox"/> 2 Sewer lines                      7 Pit privy                      12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines                      8 Sewage lagoon                      13 Insecticide storage <input type="checkbox"/> 4 Lateral lines                      9 Feedyard                      14 Abandoned water well <input type="checkbox"/> 5 Cess pool                      10 Livestock pens                      15 Oil well/Gas well
	Direction from well? <u>South South east</u> How many feet? <u>100 ft</u>

FROM	TO	PLUGGING MATERIALS
<u>133</u>	<u>103</u>	<u>Bentonite</u>
<u>103</u>	<u>116</u>	<u>fill sand</u>
<u>116</u>	<u>4</u>	<u>Bentonite</u>
<u>4</u>	<u>0</u>	<u>Top Soil</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11/16/21</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>672</u> ..... This Water Well Record was completed on (mo/day/year) <u>11/17/21</u> ..... under the business name of <u>Crowdis Waterwell Service</u> ..... by (signature)
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INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.